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Vol. XIV

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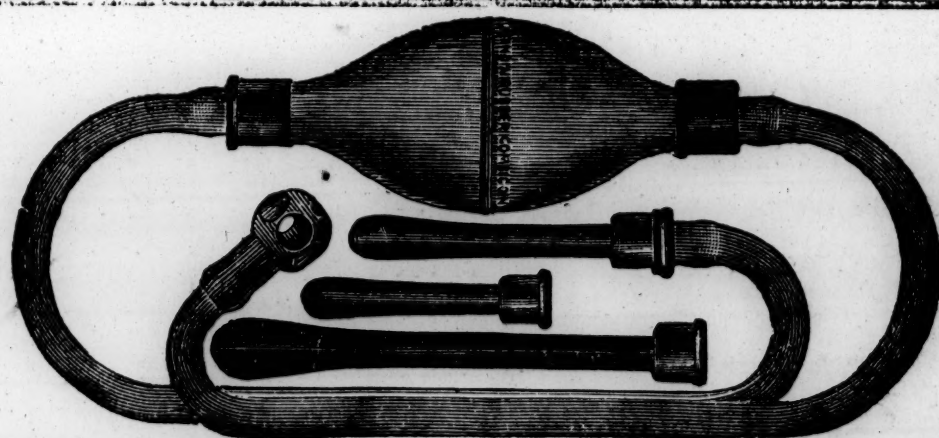
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### Arizona.

BY J. A. MUNK, M. D., Los Angeles, California.

Arizona is just beginning to attract the attention it deserves. It is a land full of history as well as mystery, and invites investigation. It has a fascination all its own, that everyone feels who crosses its borders. It is both the oldest and newest portion of our country, and contains many features that are unique and of great interest. The Grand Canon of the Colorado is the most stupendous gorge in the known world. The petrified forest, natural bridge and Montezuma's well in the Tonto basin are marvels in nature—and there are ruins galore, the cave and cliff dwellings, ancient pueblos, casa grande and old Spanish missions; so that anyone in search of the old and curious need not go to foreign lands, but can find



in Arizona a greater number and variety of interesting objects than can be found in the same space any where else upon the globe.

When the Spaniards first entered the land nearly 400 years ago in search of the seven cities of Cibola, they found upon the desert extensive ruins of cities and acequias that denoted a dense population by an agricultural people. Where, or when its inhabitants disappeared is not known, but their removal was undoubtedly due to some fatal cataclysm in the remote past, which convulsed the whole country and completely changed its appearance. It is even in doubt who the people were, but presumably they were of the Aztec race. The pueblo Indians are thought to be their descendants and identical with the cliff dwellers; but, if so, they were, when found, as ignorant of their ancestors as of their discoverers.

The country is of volcanic origin and of the same general character as the whole mountain region of the West, that is, constructed of lofty peaks, broad plateaus and abysmal chasms which are accentuated to an unusual degree. The land slopes to the southwest, and is drained by the Gila and Colorado rivers. It presents a variety of altitudes between the extreme limits of its boreal zone upon the high peaks of the San Francisco mountains on the north, to the torrid region of the Colorado desert below sea level on the south. Its characteristics of fauna and flora are equally diverse. The Gila monster, tarantula, centipede, scorpion and horned toad are a few of its oddities in animal life; while numerous species of cacti, yucca, maguey, mistletoe and palo verde are some of the curiosities of vegetation.

The climate is likewise singular. The air is remarkably pure and dry. Siccidity, indeed, is its distinguishing mark. The evaporation is so great that even the sinks below sea level on the Colorado desert are dry. The relative humidity is low—forty four per cent—which is about half of what it is elsewhere, and accounts for the absence of oppressive heat, even when the thermometer registers the shade temperature



with three figures. The air is soft and the breezes gentle, but the hot sun burns the skin and tans the complexion. The average yearly rain-fall at Yuma is less than three inches, while the evaporation is estimated at 100 inches. Upon the higher elevations the precipitation is more, but not enough to grow crops without irrigation. The rainy season is in mid-summer, yet some rain and snow falls in winter. Dew is seldom or never seen.

The atmosphere is not only dry, but also very electrical, and in the mountains terrific thunderstorms occur during the rainy season. Electric sparks can be produced any time at will by friction or handling hair, wool or metal. In horses and cattle it sometimes causes the hair to stand on end, or spreads the tail like a fan. Everything is seemingly so dry that the electricity cannot escape, or find a way out by any adequate conductor. Its effects are less noticeable in calm or wet weather, but becomes disagreeably active on windy days, which, fortunately, are few.

The atmospheric effects are very fine and the mirage is seen in its perfection. The colors in the sky are brilliant and variegated, which, if transferred to canvas and judged by the ordinary, would be pronounced exaggerated or impossible. Its effect upon the landscape is to soften and mellow every object, and by its magical light make it seem a veritable land of enchantment.

Life in the tropics naturally inclines to indolence and languor, which is particularly true of hot countries that have a humid atmosphere, but in a dry climate like that of Arizona the heat is not depressing and sunstroke is unknown. It has its lazy people like all other places, and for the same reason, that some are born so and never outgrow "that tired feeling", but the climate itself is more bracing than enervating. To escape the mid-day heat, the natives either seek the shade where they can catch a cool breeze, or, what is more common, close their adobe houses in the morning and remain indoors until afternoon, when the heat penetrates the thick walls and



compels the inmates to move out. In the cool of the evening they visit and transact business, and when the time comes for retiring, make their beds and sleep outdoors, while their open houses cool in the night air. This process is repeated every twenty four hours during the heated term. In the higher altitudes the summers are never hot, and on the lower levels the winters are never cold, so that with but slight changes in location, spring-like weather may be enjoyed throughout the year.

Yuma is the center of an arid belt that includes Arizona and portions of California, Sonora and Lower California, that is, perhaps, unequalled anywhere in natural wealth of climate, agriculture, horticulture and mineral resources. It is yet only a desert, but a system of development has been begun which, if carried out as planned, will surpass in results, the riches of the far-famed valley of the Nile. The waters of the noble Colorado when diverted into canals and spread over the fertile lands of the valley, as will be done from the canon to the gulf, will work the same wonderful transformation that irrigation has done in other places.

Climate everywhere unquestionably influences life in its evolution, but it is not always easy to determine all of its effects in detail. In Arizona, which is comparatively but a small corner of our country, live several races of men that are as different as nature could make them. The pueblo Indian is, in a manner, civilized, industrious and peaceable. He is brave in self defense, but does not seek war or bloodshed. Quite different is his neighbor, the bloodthirsty Apache, who lives only to rob and kill. Cunning, deceit and violence are his natural propensities, and if anything better can be made of him it is yet to be seen.

The Mexican leads a shiftless, thriftless life and seems satisfied merely to exist. He has unfortunately inherited the baser rather than the better qualities of his ancestors. The American is the last comer, but as usual, dominates the land and has pushed civilization and commerce to the remotest



corners. Diverse as are these four races in many respects, they each furnish splendid specimens of physical manhood. The natives have always been noted for their fine physiques; and I was told by a drummer for a large clothing firm who travels in the territory, that the chest measurement of his customers averaged larger than those of any others fitted by the house. No single race flourishes equally well everywhere, but is modified and moulded by its surroundings. The pioneer in any country is a character, but he differs according to his environment of mountain, forest and prairie. Occupation also exerts an influence and develops the soldier, trapper, miner and cowboy, whom, as types, it takes the graphic pencil of a Remington to accurately portray. The peculiarities of conduct often seen in men who live upon the frontier are not alone due to disposition, but are largely the result of the wild life that they live, which leads them to become restless, reckless, and often desperate.


Arizona has an exceptionally healthy climate. In its pure, dry atmosphere disease germs do not thrive, or find favorable conditions for propagating. It is admirable in all pulmonary and bronchial affections, and is curative in consumption, bronchitis, asthma, catarrh and hay fever. Its stimulating action on the skin produces active cutaneous transpiration which rests the tired kidneys and gives relief in dropsy, diabetes and Bright's disease. The climate is both stimulant and sedative according to the altitude. On the higher elevations the air is light and exhilarating and resembles mountain climate in general, while on the lower levels it is soothing to the nerves. The stimulus of a high altitude is beneficial, where it does not irritate and there is sufficient vitality to cause a healthy reaction. A mountain residence is not desirable for thin, nervous people, or those afflicted with organic disorders, as the tendency is to develop and increase nervousness. Persons thus constituted should seek a coast country and not the high interior. Any coast is better than the mountains for the nervous, but the Pacific is preferable.




to all others because of the absence of electrical and meteorological disturbances which rasp the nerves. Nervousness does not usually manifest itself all at once, but develops gradually. Those of a sensitive nature feel it soonest, and women more than men. Sleep may be sound after such a change but it soon becomes fitful and unrefreshing, and the disposition grows irritable and cranky. The climate of Arizona agrees with the sluggish, phlegmatic temperament, and is, indeed, the fat man's paradise.

Persons suffering from rheumatism, pneumonia, advanced pulmonary consumption, organic heart disease, or any nervous affection are injuriously affected by a high altitude and need the low plains and pure, warm, dry air of the lower Gila and Colorado valleys. There is no spot on the American continent like the Colorado basin, or that furnishes the requisite climate for an ideal sanitarium. It is so low and dry that dry land is found below the ocean level, although it is almost surrounded by water. There are low places in many other countries but they are all excessively moist, and are, on that account, whether hot or cold, unfit for invalids. However, no one place suits every class of sick folk alike, so that the few who require cold or moisture are easily provided, but the large majority of invalids need a change and seek to escape from the cold and moisture which generally prevail and often cause and prolong disease. More diseases are benefited by a low than by a high altitude, and the lower the better. Barometric pressure is the natural governor of the vital functions, and sometimes gives relief when all other means fail.

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## Autobiographical Notes on Early Professional Life.

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BY OTIS F. LEE, M. D., Marysville, California.

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*Dear Editor:*

As this is the month when many new recruits will be turned out from our medical colleges to begin the struggles of a career, a page or two from the history of one who has been through the mill may be of interest to them.

A goodly proportion of the young physicians of the United States are not very thoroughly equipped for professional life and its duties. Their knowledge of men and "things" being limited, their early environment making them anything but cosmopolites. They frequently go from the farm or workshops, and though liberally educated, their whole knowledge of life being that acquired within very narrow limits. So when the young medico leaves his Alma Mater, he may possess a vast fund of technical knowledge, yet be woefully deficient in its practical application. What I did not know some fifteen years ago, when I first hung my modest shingle over my door, would have filled volumes.

Through a combination of circumstances I found myself in a little mining town in one of the northern counties of California. The village was down in a great gulch of the Sierras, and composed of twenty or thirty houses of rude and cheap construction. Accommodations were not first class, but my landlord did the best he could for me, giving me a little room built onto the main building; it was 6x7 in size; the ceiling at one end was high enough for me to stand erect in, but the other end was not more than five feet in height. A three-quarter bed, a small, rickety stand, a pine shelf, a wash-bowl and pitcher and my valise constituted the furniture. By standing the valise on end it answered for a chair; when not needed it was pushed under the bed. This was my sleeping apartment; my office was in the bar room of the hotel, on the street, any where that I chanced to be. If I had a lady pa-



tient, I had the privilege of using the dining room—between meals: this being my private consultation room. I was “flat broke” when I landed in the town, and in the very depth of the “Slough of Despond”.

I will never forget the first professional call I had. It was a portly, elderly gentleman, a merchant, and the nabob of the place and country round; an aching molar was the difficulty. After sizing me up he told me frankly that he did not think I could do anything for him; said a “good” dentist had tried to extract the tooth and failed after breaking a part of it off; said he was confident I could not get it out, but was willing to allow me to “wrench it” as that might stop its aching. Two dollars and a half was the fee for extracting teeth up there, and I needed that amount most sorely. I assured him that I had extracted quarts of just such teeth—miserable liar that I was, I had never extracted one. Necessity knows no law, however, not even truth. As already stated, I had no particular office, but just back of the hotel there was a narrow porch, probably four feet above the ground; out on this platform I inveigled my victim, telling him it was more private, being away from the curious and gaping villagers. There was no chair on the porch, but a window sill of convenient height answered just as well, then I fastened a pair of villainous forceps onto that tender, jumping tooth; I did not know then nor do I know now, whether they were for upper or lower teeth, I had but one other pair however, and I knew they would not do. I got a firm hold and commenced pulling; the old gentleman soon left his seat and began clawing at my hands to make me let go, at the same time backing away from me. I was too busy to notice his approach to the edge of the porch until he suddenly disappeared among the boulders and kitchen refuse below, I had the tooth however firmly clasped within the beaks of the forceps. My patient scrambled up on the porch again and frightened me terribly by threatening to wipe the floor with me. I have had maledictions hurled at me several times since by irate



patrons, but have never received such a magnificent ovation in the way of profanity as that old man showered upon me. I felt very badly, for I really thought I had done remarkably well. I did not dare mention pay to him, was glad in fact to see him depart leaving me a whole skin. After a nights rest and freedom from pain, and being naturally of a sunny disposition, he came to me the following morning, dropped a five dollar gold piece in my hand, apologized for his actions the evening before, and was my firm friend as long as I remained in the place.

While wrestling with the problem of life up in that lofty region, I had my first case of confinement. What doctor does not remember his first case? I have suffered since then, both physically and mentally, but I do not believe I have ever experienced more exquisite torture than I did on that occasion. It was night time of course; the messenger who came for me did not know what I was wanted for, only that Mrs. K——, had sent him for me, and desired my presence as soon as possible. When I arrived at the place and found the nature of the call I was all upset as I had not dreamed of being called to a case of confinement. My patient was young, well formed and generally robust—a primipara. I mustered all the dignity possible, went into the room, felt the pulse, asked a few foolish questions, trying all the while to remember what King had told us to do, but could remember nothing, so did nothing. After ten or fifteen minutes had elapsed Mrs. K. the mother-in-law of my patient asked me if I had not better make an examination to see if every thing was all right. This nettled me a little, so I said to her as frigidly as possible, "At the proper time, madam, I will attend to that." The good woman was thoroughly squelched, and offered no further suggestions. The woman was having pains regularly and strong all the time and I should have examined her at once of course: I waited, however, a while longer, then called for oil and got ready for trouble. I had considerable difficulty in finding the vaginal orifice; found it, introduced my finger;



it came in contact with—something, I could not for the life of me tell what. I at first thought it a breech presentation, then I made out the back, then the head; while I was prodding around trying with all my skill (?) to make out the exact position, there was a sudden gush of water that deluged my hand and startled me so that I sprang back and looked at my hand to see if it was hurt; after a few moments reflection I knew what it was and returned to the attack. While laboring hard to find out something about the presentation, the child was expelled. The placenta came away in half an hour or so, and then my real agony commenced. King, Bedford, and all obstetric authors that I was acquainted with said that if the uterus did not contract firmly after expulsion of child, there would surely be hemorrhage. I felt for that contracted womb, but could find no "hard lump" so knew that hemorrhage was inevitable. Hour after hour I sat there, my fingers on the pulse, expecting every minute to feel it grow rapid and weak; watched the face, expecting to see it become blanched and the countenance anxious. It was to me, torture of the highest order, for I was positive the uterus was not contracted, and that hemorrhage *must* follow. I thought the woman was unconscious, she was so still; I knew afterward that she was sleeping as sweetly as an infant. Some three hours afterward, when daylight was breaking over the jagged Sierras, the man who went for me earlier in the night, came in and told me he was ready to take me back to town if I was ready to go; I grasped the opportunity, and fled like a coward, fully convinced all the time, that the woman *had* to have post partem hemorrhage. I put in a miserable forenoon, expecting every minute to see a messenger come flying down the hill for me. In the afternoon, the happy father of the child came in, said his wife was doing splendidly, and congratulated me on my skill. I sought the privacy of my small room, and wondered what in the deuce *was* the matter. It was six months later when I found out; I had merely felt too high up for that "hard lump." I thought it should be



up near the Xiphoid appendix. Now, I had been carefully instructed by a most competent professor in all that pertains to the lying-in room, but so vastly different is the *real* from the manikin and charts, that the young doctor finds almost all of it very different from what he expected.

Near the hour of midnight, January 1st, 1878, I was called to see a man whom the messenger said had been shot. Twenty five minutes later I found my patient lying on an improvised pallet, made on the floor of the bar room of a boarding house. He was in a profound state of syncope and had been, so attendants stated, from immediately after receiving the wound.

On examination I found a gun or pistol shot wound immediately over the thyroid cartilage: on the back and very near the center of the neck, was an ecchymosed spot, and extending downward and slightly outward from this spot, some four inches, I could trace the course of the bullet by an indurated line, and could also detect the bullet imbedded in the Trapezius muscle. I desired to remove it at once, but the friends of the wounded man objected, thought I was too young and inexperienced to undertake what to them appeared, a very serious operation. All the argument I could bring to bear had no effect; they were determined on sending to the county seat for Dr. S——, who had quite a reputation as a surgeon.

I applied restoratives and the man soon rallied from his profound faint; I then dressed the wound, from which there had been almost no hemorrhage. The bullet, which had been fired from a 32 calibre revolver by a companion during a drunken brawl, had apparently passed straight through the neck. I concluded it must have been deflected by the thyroid cartilage and passed around under the skin only. The insignificant hemorrhage from the wound, and absence of symptoms of internal hemorrhage making it evident that no important blood vessel had been cut.

The following morning, the 2nd, lying on a mattress in a spring wagon, he was taken to his home, a mile distant, over



a rough road. In the night of the 3rd, about 3 A. M., Doctor Smith, a genial, warm hearted fellow arrived, and together we went to the home of the patient. The doctor asked me where I thought the bullet was, the parts now being considerably swollen and the bullet could not be felt from the outside. I placed the end of my finger on a spot and said there. He made an incision, and without difficulty found and extracted the offending substance. From this time on to Jan. 6th, five days after receiving the wound, the patient seemed to do remarkably well; there was some swelling of the neck, interfering somewhat with free respiration, but the temperature fell to 99 1-5, pulse 88. He took nourishment fairly well and the outlook was decidedly favorable; but about 8:30 on the evening of the 6th, just after taking some fluid, I do not know whether medicine or food, (I was not present) a portion passed into the trachea. He had a terrible paroxysm of coughing and strangling, and within thirty minutes was dead. I was ordered by the District Attorney to make a post-mortem examination, and on doing so was greatly surprised to find that the half ounce bullet had penetrated the left common carotid artery near its middle, the two sides, if I may use the term, of the vessel were intact, the bullet had punched a hole through it. And now comes the question: why did not the man die at once from hemorrhage, after this large artery, situated so near the heart had been cut through?

When the defendant was on trial, in answer to this question, I replied that the vessel was enveloped by a strong, elastic sheath, that when the man received the wound, he fainted immediately. During this condition of syncope, the heart's action was almost arrested, giving the blood time to coagulate and form a firm clot within the vessel's sheath, plugging up the wound and preventing further bleeding. When he got the fluid in the trachea the struggle to free it of the offending material dislodged the clot, secondary hemorrhage supervened, and death soon followed.

To those who like to hear the end of a long story, I will



say, the man who fired the shot was convicted of murder in the first degree and sentenced to imprisonment for life. He died at San Quentin two or three years ago of phthisis pulmonalis.

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### Rectal Diseases.

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BY J. W. HAMILTON, M. D., San Francisco, California.

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*Dear Editor:*

Last month I quoted from my case-book several cases of rectal troubles, in each of which the symptoms were closely masked. In contrast with these are the two cases given below, in both of which the symptoms were well marked.

Case 4. James M——, a typical case of chronic ulcerated condition of the rectum. Complained of pain in the back; persistent constipation; faecal discharge when expelled, always covered with mucus and sometimes with blood, and a persistent dyspepsia with all the usual train of morbid symptoms. Examination revealed a deep ulcer an inch above the sphincters.

Case 5. Miss S——, 22 years of age. Symptoms given were: Obstinate constipation, bowels moving only once or twice a week unless assisted by cathartics or enemas. This condition had existed about two years, but had not caused the patient sufficient trouble to send her to a physician for help, but the patient said, "Lately, immediately at and after defecation, I suffer the most excruciating pain in the anus, lasting from one to three hours." Examination was not necessary to tell that this was a case of anal fissure, but as the introduction of a speculum was necessary to apply treatment, one was used of sufficient length to permit an examination of the first five inches of the bowel. The use of the instrument not only confirmed the existence of a fissure, but further disclosed that it was only a symptom of a worse, if not



so painful, trouble. It revealed a deep ulcer, that actually penetrated entirely through the wall of the gut, and had bored back into the cellular tissue. This deep ulcer, that without doubt had existed for years, had given but little inconvenience; but when it finally caused the small, thread-like ulcer, or fissure across the sphincters, it produced an almost unbearable pain that sent the patient in haste to her physician for relief. These two cases presented symptoms so plain as not to permit of a mistake in diagnosis.

Now a word or two about the management of these difficulties. The treatment of an ulcer in the rectum presents but few features that really differ from the treatment of an ulcer of a similar character in any other part of the body. A rectal ulcer, like those of other regions may be simple, scrofulous, syphilitic or tuberculous. Therefore the remedies applied must be such as to fill the indications arising from the particular character of each case; but the locality requires different methods from those that are successful elsewhere. In ulcers of the throat the medicament may be in solution, and easily applied with a brush or probang; on the external surface various powders and washes may be used; but my favorite way of making an application of medicine to the rectum is by means of ointments forced from an ointment syringe, the one I use is of my own invention. Unguents may be applied without a syringe, but not so readily or satisfactorily.

The real difficulty in the treatment of these sores is the great length of time required to bring about a cure. Almost any other part of the body when needing repair, may be given a furlough from duty, but the rectum must work sick or well; so we must dissipate the inflammation, cause granulation and bring about cicatrization while opposed at every step by the functional activity of the part. Because of this difficulty great patience must be exercised both by the physician and the person under his care.

The treatment of fissure is both surgical and medical. The



surgical is either stretching to partial paralysis of the sphincters, or drawing a sharp bistuary along the fissure severing a portion of the sphincter fibres. For several years I have found the following efficient in every case: to a six per cent solution of cocaine, add salicylic acid sufficient to make a paste, apply this upon a few shreds of cotton and allow it to remain in the fissure; about the third application quiets the pain, and healing rapidly takes place.

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### **Eclecticism, Based on the Idea of Specific Medication.**

BY O. S. LAWS, M. D., Los Angeles, California.

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Every thoughtful medical student, after becoming familiar with human anatomy, must be deeply impressed with the fact that "man is fearfully and wonderfully made", and woman likewise, only a little more so. Everything shows adaptation and design, and elicits profound admiration for the great Architect or Designer.

We are not surprised that such a delicate and complicated organism should become deranged—diseased—in a multitude of ways; nor should we be surprised, or doubtful, when told that the Designer of the organism has also furnished abundant means for preserving its life and repairing every deranged function. It has been a favorite theory of mine, ever since entering the field of therapeutics, that the Creator has doubtless furnished, in plants and minerals, a remedy for every ill; that every habitable locality has remedies for diseases incident to that locality.

Do not the facts as now developed go far to justify that dream of thirty five years ago? In self defense against our persecutors of the allopathic school, I used to state boldly to people that we had direct, non-toxic remedies for their ailments, while those fossilized dignitaries of the old school only proposed to give them one disease for another—to put in a little demon to drive out a big one, but that it often hap-



pened that the one put in was the big one, and the other did not leave. The people were not slow to see the absurdity and barbarity of the allopathic theory and practice; as falling teeth and rotting gums were then common in the community.

Quinine was the first recognized specific, and the ideal. And as we brought our favorites we would refer to them as *almost* as specific as quinine! Hydrastis, macrotys, lobelia and many others were used for their specific action more than fifty years ago by Botanics and taken up as such by Eclectics. In my first year of practice, 1854, I began the use of the tinctures of veratrum viride (Norwood's) to control the action of the heart. I used it in all fevers where not contra-indicated by an irritable stomach. I made it a rule to reduce the pulse to a certain number of beats per minute, and held it there by varying the dose to that effect. The results astonished the natives and me also. For ordinary fevers vanished speedily, and typhoids were rendered comfortable and of shorter duration. This was more than fifteen years before I ever heard of Dr. J. M. Scudder, to whom I take off my hat, whose genius I recognize, and whose teachings I accept and try to practice.

In the same year, 1854, I accidentally discovered the "anti-emetic" power of manardo punctata, which I have used specifically ever since for nausea and vomiting. Of course I have tested all other articles recommended, but the monarda is the only one that *never* fails. A decoction of the fresh plant is the most effective, and is very pleasant, but the tincture does well. But Eclecticism was young in 1854, and largely in a chaotic state. We knew we had the remedies, but just when and how to use them was the question. Treatment on "general principles" was the *rule* and specific medication the exception. Now it is reversed by most Eclectics, and why not by all I am unable to see, unless, like the allopaths, they have drifted into medical skepticism. There is a considerable class of medical "dudes" who flippantly prescribe the narcotics and antipyritics that are so profusely advertised, and who manifest no regard for principles, and none for re-



sults except to satisfy the patient and friends. They are constantly finding cases of heart failure and collapse, which are most likely caused by their own prescriptions.

I spoke above of the chaotic state of medical thought and practice; all that was needed was some mind able to grasp the situation and bring order out of chaos, and John M. Scudder stepped to the front.

Quinine has long since ceased to be the ideal specific. Many other drugs are now used with even a greater degree of certainty in meeting indications than quinine. The older Eclectics have bravely carried forward the work of reform against arrogant persecutions of the old school, till a victory for free thought is well established, and we propose to fight it out on the line of Specific Medication.

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### Knotty Questions.

BY G. P. BISSELL, M. D., Lookout, California.

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#### *Editor Journal:*

I write this in form of a letter, because by doing so I can ramble, whereas otherwise, I should require two separate articles, for I want to broach two diverse subjects.

1st. The physiological question is often asked, why are we right handed? Some suppose it is mostly owing to training during infancy. Mothers who have had trouble with a particular child are very positive that this is the cause; but on being asked how many of six children inclined to use the left rather than the right hand, they name but one. Such mothers remember the trouble, and forget those cases that did not require their supervision.

It is a fact that ninety nine out of a hundred persons, in both savage and civilized states are right handed. If fashion or custom may be supposed to influence the choice of hand under civilization, it can hardly be so maintained as to sav-



ages, although any fashion or custom is far more dictatorial with the savage than with the civilized man. But if we do yield this, then we ask the physiologist what caused the fashion or custom to prevail: for all psychological effects result from physiological causes.

In truth, we have to go far below man—to the animals—for the cause of human dexterity, and even then we have not solved the question, we have merely taken a step forward.

Every practical butcher knows that if the carcass of an animal is accurately divided, the right side exceeds the left in weight, by a trifle more than one pound to the hundred of the whole carcass, and he makes use of that knowledge to his own advantage. If you sell him an animal at so many cents per pound of dressed meat, he will always weigh the left side half, and double that weight for the whole weight of the animal, thus gaining a few pounds on the transaction.

But we are only one step nearer the solution of the problem. The answer to the question as to why we are right handed is that the right side is larger than the other. But now will some physiologist come forward and explain why nature makes the right side larger than the left? For that would be the full answer to the question, why are we right handed. I await the physiologist's reply.

Second. As to what the women call "breeding". Not why a pregnant woman's stomach is disturbed, for I believe that the cause of so great a disturbance is owing to the unnatural mode of living, induced by civilization. Right here I might switch off from the question I had in my mind, and show that the stomachs of animals and savages sympathize very slightly with the state of the womb. But my question plainly put is: Does the man ever do the breeding and the woman enjoy immunity?

Not a few maintain that this is the case. For myself I can throw very little light on the subject. I remember once when it was under discussion, laughing at the idea, with the superior wisdom of youth, and was answered by an old doctor,



whose countenance expressed horror at the uncomfortable experience, saying: My God, I did all the breeding when my wife was carrying her last child." I told him it served him right, for he should have begotten but one.

So lately I have had a case of a man under my care whose wife is carrying her second child. After a thorough examination I told him I could find no disease, and recommended change of scene and diet, at the same time telling him jokingly that he must be breeding. Since then I have heard the same idea suggested several times by the laity. They say that it was so with him before, while his wife enjoys better health during pregnancy than at any other time.

Is this poetical or psychological justice? And who can explain the cause of the phenomenon? Come, ye physiologists! Here are some nuts for you to crack. You can answer very readily (I don't say flippantly) that a woman's stomach sympathizes with the condition of her womb, but how is it in the cases cited? If I eat sour grapes are your teeth set on edge? Again I await the physiologist's reply. Shall I still wait?

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### The Rhinogryphus Aurus

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BY G. W. HARVEY, California Medical College, Class of '94.

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I confess that I do not know anything of the habits of the European vulture, and all the wonderful stories of their acute visual powers may be true; but I do know something of the life and habits of the *cathartidæ*, especially of the *Pseudogryphus Californicus*, *Rhinogryphus Burrovianus*, and particularly of the one mentioned above.

Of all the accipitrine birds, the vultures are credited with the most wonderful powers of vision by naturalists. They all to a man, declare in their writings, that the birds find their food wholly by the sense of sight. Maybe they do, but if this be really true their power of sight borders on the spiritual surely.



I will simply give a few examples of what I *know* from my own personal observation to be facts.

In the spring of '89 I was living at the base of Mt. Shasta, this state. Sixty miles to the north of me were hundreds of dead cattle, sheep and horses, that had died during the hard winter. One hundred miles to the south of me was the Cow Creek country—"Buzzard's Roost"—where the turkey-buzzard makes his home for Northern California. Now, buzzards are not migratory in the sense that geese are, and especially not gregarious in their flight, but during a three days north wind I saw literally hundreds of buzzards making a "bee-line" for the carrion to the north of me. Now, did they see from Cow Creek to Yreka over a mountain 14,500 feet high? If they could see a dead horse a hundred and sixty miles, why couldn't they have seen him just as well when there was a south wind as when there was a north wind?

That same summer I killed a bear, and as he was too poor to eat, I carved him up and put him in my chicken house for the hens. I hadn't seen a buzzard about the place since they went north in the spring, but just as soon as bruin began to smell badly, here came the buzzards—dozens of them—and they would sit on an old dead tree near the hen-house and eye that bear for half a day at a time. Of course they could see through a roof and solid wall easy enough, just as long as he smelled bad.

Many a time I have concealed game in the woods, in hollow logs and shallow caves, where I knew no mortal eye could see it, and if left there over one day, I would invariably find from two to a dozen buzzards roosting over it. I have even buried a dead horse in a shallow grave and had him lie there without raising a single scavenger till a coyote dug a hole down to him and let out the odor, and then here they came, and the air was full of buzzards about that horse for the rest of the year. Why didn't they see him before the fulsome odor escaped?

Hundreds of times have I seen in the woods and on the



stock ranch dead animals lie for two or three days at a time with different varieties of *cathartidæ* flying over them daily, but never yet have I known a buzzard to see that an animal was dead till it *smelled old*.

Does any one believe, as once happened in my experience, that a bird—*sarcoramphus*—or any other, can see a coon over seven mountains, up nine tortuous canyons, through sixteen miles of tall woods, some acres of underbrush and twelve feet into a hollow log, and see that he is dead enough to smell? The vultures have excellent eyes, but I know from hundreds of observations that they can never see that an animal is dead until he smells, and when he does smell they will find him, or at least the vicinity where the carrion is, though it may be as well hidden as Captain Kidd's treasure.

Gentlemen, naturalists, do you not think from the facts set forth above that the *cathartidæ* find their food wholly by the sense of smell, their eyes simply helping them to locate it after their sense of smell has guided them to the locality of the carrion?

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### Sloughing Ulcer.

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BY H. B. MEHRMANN, M. D., Oakland, California.

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An ulcer, no matter where located, is a solution of continuity of the soft part of the body, of a shorter or longer duration, and maintained by some local or constitutional cause. A sloughing ulcer is one covered by an eschar or crust arising from the mortification of the tissues, and distinguished from the living tissue by its color, consistence and general physical properties. This eschar sets up an inflammatory process between the living and dead structures, creating the formation of pus from the connecting substances between the sound flesh and slough, this retrograde process is the actual condition termed sloughing. The causes of this ul-



cer are predisposing and exciting. The predisposing causes are: (1) Debility of the tissues of a part: (2) Filth or an uncleanly condition of the surroundings, especially as regards the body and clothing of the individual: (3) A diseased condition, general in character, such as scrofula, syphilis and kindred ailments: (4) Alcoholism is one of the most frequent predisposing causes of this disease.

The exciting causes are injuries such as bruises, contusions, punctures, fractures of a bone of a part, etc. These injuries may be sufficient to rupture the soft parts and the integument or merely to bruise them. In the latter case, the cause sets up an inflammation causing pus, which necessitates the external opening; in the former case the patient usually neglects the abrasion until the ulcer has formed and become too great an annoyance to bear by virtue of its enlargement, discharge, pain etc

*Location*—A sloughing ulcer may be found upon any part of the surface of the body, but is most frequently located upon the anterior tibial region. This is so because of the lack of activity in the circulation at this point; also because of its prominence and exposure it is very often the recipient of injuries. Great debility of the legs is often found in individuals of apparently excellent health, as is shown by the vericosities of the veins bringing the blood from the extremities. This ulcer may occur on the young as well as the old, though more frequently upon the aged. It appears regardless of sex, though more apt to attack the male than the female because man is more prone to intemperance, to exposure, etc.

*Symptoms*—When the ulcer is still quite recent, and before the eschar has formed there is a great deal of severe pain owing to the rapid destruction of the soft parts. After the mortification has extended to a depth of from one to two or three lines, the pain frequently subsides. until in many cases there is little or none when the ulcer becomes chronic. As the sloughing takes place, the edges of the ulcer or the liv-



ing tissue breaks away from the eschar, or rather, this separation is caused by the crust contracting after the sloughing process continues for awhile. The eschar is of a dull gray greenish color, entirely void of sensation. The discharge is of a thin, yellowish-white, sanious character and so laden with bacteria, that if not properly handled will cause the destruction of any healthy tissue with which it comes in contact, causing another eschar to form. The edges of the ulcer are inclined to elevate and are usually very much inflamed. The surrounding parts are also much inflamed, somewhat swollen and the integument is of a glossy, translucent appearance. It is this congested condition of the adjacent tissues that causes the most suffering. If left alone, the eschar may entirely slough off in time, but another will immediately form unless steps are taken to prevent it. If there be a constitutional disease present, general symptoms will appear. There will be more or less fever, the temperature sometimes going as high as  $101^{\circ}$ , the pulse running up in proportion, and in one case that I have treated there was a decided chill every day for a period of ten days, until the last of the slough or crust was off. This patient had a history of syphilis.

*Treatment*—If the patient be a toper, or one who only moderately indulges in malt or alcoholic liquors, begin at once to make a teetotaler of him. If he be generally run down, build him up with good wholesome food and tonics. If he be a plethoric individual and a high liver, bring him down to a simple, less stimulating diet and mode of living. If from the history of the patient there be found syphilitic or scrofulous cachexia, treat it accordingly. If the sufferer be one who is negligent in regard to cleanliness, have him take a thorough bath, to the water of which add a good disinfectant, excluding the part on which the ulcer is located. Next, presuming the ulcer is upon the leg, fill a vessel, deep enough to envelope the limb to a point above the ulcer, with tepid water, to which add a 3ss of carbolic acid; place the leg into the solution and keep it there from ten to fifteen or twenty minutes, all the



while keeping the water in a mild state of agitation with a clean pine stick prepared for the purpose. After the bath apply a poultice of flaxseed, charcoal and slippery elm to remove the eschar. These poultices should be applied every few hours and a stuff with no closer mesh than mosquito netting should be placed between the poultice and the slough. Each poultice should upon its removal be burnt and fresh material used. To hasten the removal of this slough it is sometimes advisable to freely incise this dead substance to a point nearly to the living tissue below. After its removal, again thoroughly cleanse the ulcer with a solution of carbolic acid, listerine, or, if we are sufficiently "regular" to do so, a solution of bichloride of mercury 1 to 500. After drying the surface off carefully with absorbent cotton, taking care that we do not use too much pressure, we find the ulcerated surface either covered with very small, extremely vascular granulations ready to bleed at the slightest touch, or the very large, flabby, rather pale granulations; both varieties possessing but little if any vitality. These should be treated with a considerable coating of salicylic acid pure and simple. To overcome the pain occasioned by the acid, give an opiate, or previously touch the parts with a solution of cocaine. Over this apply antiseptic gauze and bandage the limb lightly maintaining it upon a level with the body or on an incline with the foot highest. This dressing should be renewed at least twice a day, for two or three days. The congestion and tumefaction of the adjacent parts will subside as a rule, of their own free will as soon as the slough has been removed. If, however, it should show a tendency to persist; apply compresses of carbolic acid, hamamelis, echinacea or calendula, which, together with complete rest, will soon subdue it. The next step is to obtain active, healthy granulations: this in my experience can be done very readily by a mixture of equal parts of balsam of peru and glycerine, washing it each day with a solution of peroxide of hydrogen or the bichloride of mercury. The margin or lips of the ulcer should in the mean-



time be touched occasionally with a stick dipped in nitric acid to insure their progression in the right direction; it is also well to apply this now and then very lightly to the surface of the ulcer. As soon as the granulations rise nearly to a level with the integument it becomes necessary to change to a dry treatment. For this I have used morphia, magnesia, sub-iodide of bismuth; a mixture of hydrarg, chlor.  $\text{ziv}$  and morphia sulph.  $\text{x grs.}$ ; euophen, iodoform, aristol and many others. These all act quite kindly except the iodoform which, in my hands, has always acted as a rank poison in these cases. I have derived the greatest benefit and satisfaction from the application of aristol; this remedy will stimulate a healthy growth, and at the same time acts as a local anæsthetic and keeps the parts dryer than any other application. Euophen also acts very successfully, but does not possess any anæsthetic properties. During the healing process there will often spring up a mushroom-like growth of a yellowish white color which often spreads to the size of a pea during ten or twelve hours. These can be torn off without the production of any pain, and if carefully observed, one will discover numerous thin, fimbriated rootlets or fibres passing down amongst the granulations; these must be destroyed by the application of an escharotic, lest they get the upper hand and cause trouble. Thorough cleanliness must be observed throughout the treatment.

*The knife*—If there be good reason to believe that the periosteum has been injured or has become diseased, then the knife should at once be resorted to, and the broken down tissue removed. If, at any time, there should arise any danger of septicæmia, there will be no need of amputation of the limb, simply excise the ulcer together with the structures immediately surrounding it, remove the periosteum beneath the ulcer, especially if there is any puffiness about the membrane, and scrape the bone clear of any and all diseased particles, after which treat as before.



### Too Progressive for Him.

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BY LAURANA W. SHELDON, San Francisco.

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I am somethin' of a vet'ran,  
Just a-turnin' eighty year;  
A man whose life has all run smooth  
Nor rocked by hope nor fear.  
But I've heerd some news this mornin',  
That's made my old heart beat,  
And I'm goin' to tell in meetin',  
What to me is all a cheat.

I've lived my four score years of life,  
But never till tew-day,  
Wuz I taken fer a jackass,  
A nincompoop or jay;  
Tew be stuffed plum full o' nonsense,  
'Bout some pesky little worms,  
That's killin' human bein's,  
With their "mikroskopie germs."

They say there's "mikrobes" all about,  
A-lookin' for their prey;  
There's nothin' pure to eat nor drink,  
An' no safe place tew stay;  
There's "miasmy" in the dew-fall,  
An' "malary" in the sun;  
'Taint good tew be out-doors at noon,  
Nor when the day is done.

There's "bactery" in the water,  
An' "trikeeny" in the meat;  
"Ameeby" in the atmosphere,  
"Calory" in the heat;  
There's "corpussels" an' "pigments,"  
In a human bein's blood;




An' slathhers more of creepy things,  
( Created sence the flood. )

Terbacker's full of "nikerteen",  
Whatever that may be,  
An' your inards 'll be puckered,  
By the "tannin" in the tea;  
The butter's "oily margareen",  
It never saw a cow,  
An' things keep gittin' wus and wus,  
As fast as they know how.

Them worms is all about us,  
Jest a-waitin' fer a chance,  
Tew bore all threw our vitals,  
An' tew 'naw us off like plants:  
There's men that spends a lifetime,  
Huntin' worms, jest like a goose,  
An' tackin' Latin names to 'em,  
An' lettin' on 'em loose.

Now, I can't believe sech nonsense,  
An' I'm not a-goin' tew try,  
If things has come tew sech a pass,  
I'm satisfied tew die;  
I'll go hang me in the sullar,  
Fer I won't be sech a fool,  
As to wait until I'm pizened,  
By a "annymallycool."

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### The Jackass Got Kicked Back.

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
BY CARL MURRAY, M. D., Chico, California.

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Up in this neck of the woods we have a great majority of Allopaths, one Homœopath and one Eclectic. It happened not long since that I was called in to see a child of four years having diphtheria, and the next day to see the mother with a diphtheritic attack, and quite severe. In a few days the disease was controlled and both were convalescent. A few days thereafter the oldest boy, ten years, was taken very similarly to the mother. On the fourth day severe laryngeal trouble developed with other unpleasant symptoms, and the family desired counsel, to which I readily consented. Our Dr. McFadyen was the counsel. We met at the bed-side of the boy, and this man who has not yet learned how to be a gentleman, and who is totally ignorant of what belongs to common courtesy, proceeded to suggest treatment, and even gave a hypodermic injection without asking the attending physician a question, or telling him what medicine he was using.

Then to give symmetry to the whole procedure, and fix upon the minds of the family his own importance, he told them the boy "was not very sick and if he had *proper* treatment he would get well." I was a silent listener and spectator up to this time. Turning to the mother I said: "I shall take my instruments away in the morning, and as the doctor assures you that your boy will get well if he have proper treatment, which I think myself, I shall have nothing further to do with the case, so that the courteous gentleman can take the responsibility of the 'proper' treatment." The fourth day after, the boy was buried. Thus the jackass got kicked back.

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## MISCELLANEOUS.

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### Medical Societies.

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Report of meeting of the Alameda County Eclectic Medical Association, September 26th, 1893, Dr. Church presiding. Essayist, Dr. H. B. Mehrmann. Subject of paper: Sloughing Ulcer. (See "Original Communications for paper—Ed.)

*Discussion*—Dr. Stetson employs carbolic acid and thought it should be used in place of the salicylic acid.

Dr. Mehrmann contended that while carbolic acid was good it would cause trouble if used carelessly or too strong. His only experience with echinacea was with an ulcer which had been greatly aggravated by carbolic acid. It proved soothing and acted nicely.

Dr. Stark suggested treatment by the sponge method. Make the ulcer as clean as possible, then put on a slice of antiseptic sponge, over which place antiseptic gauze and tinfoil.

Dr. Church considered strips of adhesive plaster to bring the edges together, as often useful. The old treatment before antiseptics were so much thought of, was to put on plenty of sesqui carbonate of potassium, on which put immediately, a warm flax-seed poultice, and then leave. Maye's ointment is a healing and soothing application and if the ulcer be irritable, subnitrate of bismuth.

LUELLA STONE, M. D., Sec'y.

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### Important.

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A printed letter urging all physicians to attend the next meeting of the State Medical Society, in November has been sent to each Eclectic in the state. If any doctor fails to get



his letter, it is because his address is not known to the secretary, and not because of any desire to omit reminding any one of the meeting. These who have recently changed their addresses, please notify the secretary of their removal so that further matter from this office will not be misdirected.

J. C. FARMER, Sec'y.  
921 Larkin Street, S. F.

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### College Notes.

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—The Dean has been unable to attend to his duties the past few days on account of illness. His absence is regretted alike by Senior, Junior and Freshman. When he is away the entire school feel as if the head of the family were missing.

—A few days ago a welcome visitor was greeted in the lecture room of the California Medical College by the most hearty applause. The response was from a former Professor Dr. W. F. Gates. A "speech" was the unanimous call of the students, but as the Doctor was physically indisposed, and as he expected to remain in the city for a few weeks, he declined with the promise that we should hear from him in the future.

—The trial in regard to the Squire's estate is becoming interesting. Startling testimony is being given both for and against the contestants. Quite a number of visitors have attended the various sessions of the court and the attorneys will evidently have opportunity to gain a reputation.

—The class of '93 will soon have an opportunity of demonstrating the grave question as to whether they will make a living by the practice of medicine, or be obliged to return to their former vocations — capitalists, gentlemen-farmers,



merchants. etc. We have no doubt however, but that the problem will be successfully solved. Others have succeeded before them, and surely they are second to no class which has ever called our college *Alma Mater*, either in talent or adaptability. Each has fought a good fight, and has been a *Foreman* in the race. A common *Bond* of sympathy will ever bind them together. A vast *Field* of usefulness lies before them. Their *Gunn* is primed and their powder dry. As by an invisible *Derrick* they will *Lift child*, youth and aged from beds of suffering. They are not the class who will *Meyer* in the slough of despond for their *Pick* and *Cain* will ever be ready for the rescue. May their career be prosperous and their pathway be strewn with *Fearn* and flowers.

—Prof. Logan is enjoying a trip to the World's Fair. He will be absent from the class for several lectures but has not left us disconsolate. Abundant practical work has been planned so that the time may be profitably spent in the laboratory. Prof. Vary will also consume some of his hours.

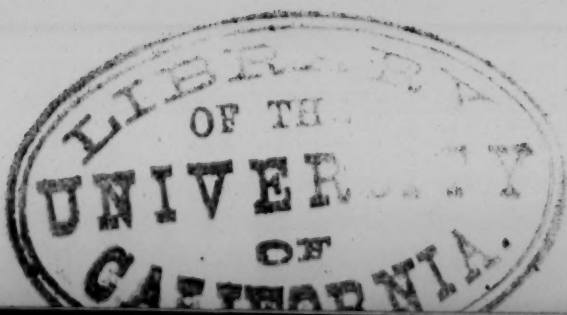
Look out Seniors! The rapids are below you!!

Of all sad words from first to last,

The saddest are these, "I might have passed."

LA TEMME.

"There is hardly any alkaloid compound which in commerce is found in more varieties of purity than Cocaine, and none which is more important to obtain pure in order to assure definite unvarying physiological action without secondary effects." \* \* \* \* "It gives me pleasure to place on record the fact that the cocaine preparations and especially the Hydrochlorate of Cocaine of Messrs. C. F. Boehringer and Soehner of Waldhof near Mannheim, on which Dr. F. W. Passmore and myself have conducted a series of examinations have been found free from all impurities to






which all organic compounds are liable; they can be confidently relied upon and answer all the tests of the Pharmacopœias." \* \* \* \* \*

"In the foregoing brief account of the chemistry and pharmacology of the more important Coca Alkaloids the advantages that have accrued from systematic investigation of these bases are readily recognized." \* \* \* "It is only by means of patient investigation pursued in the unwearied spirit of the scientific method that the Cocaine manufacturer has been able to attain the high standard of purity reached by the preparation we have reported upon."

—*Extract from Helbing's Therapeutics Record, June, 1893.*

### Proto-Iodide of Mercury in Luetic Lesions.

"If a patient were to come to you with the first manifestations of syphilis, you should not give Iodide of Potash, for this drug is contra-indicated in the earlier stage of syphilis except there may be some severe trouble of the brain or periosteum. The proper way to treat such a patient would be to give a pill of the Proto-Iodide of Mercury, for of all preparations of Mercury for internal use the Proto-Iodide is the best, and the best pill I find on the market is that of W. H. Schieffelin & Co. which I am using altogether, as I notice it may be given for a long time without causing gastric disturbance. The Proto-Iodide is useful for all forms and stages for which a mercurial is indicated, but is not as reliable as inunctions when a rapid effect is required."—Albert Muench Ph. G. M. D. Falls City Medical Society, Feb. 29, 1893.

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### Urethral Capsules.

Starting with the assumption that gonorrhœa is a local disease and should be treated locally, (and this is conceded by the best authorities), it is evident that a form of treatment that will bring the remedy into direct contact with the diseased surfaces and retain it there for several hours, will accomplish more good with less medicine and in less time than any other form of treatment. The Urethral Capsule does all of this and more; it separates the folds of the urethra, brings the remedy into contact with the entire surface and retains it there until it is fully absorbed. None of the medicine used is wasted, consequently less is required to effect a cure than by any other means. Every cure is effected speedily, neatly and satisfactorily, both to physician and patient. In new cases three or four capsules will often effect a cure. Older cases will require more, according to circumstances and the nature of the case.

The use of these capsules has been followed by the most satisfactory results in the treatment of strictures. In such cases the capsules should be introduced far enough to fully occupy the seat of the stricture. In case difficulty is experienced in doing this, the urethra may be first dilated with ordinary sounds and the capsule introduced as soon as the sound is withdrawn. The capsule acts as a sound for a time in keeping the urethra dilated, but unlike an ordinary sound, it does not have to be withdrawn, leaving the urethral wall unsupported, but instead gradually relaxes, and as it does so, leaves the membranes coated with a gelatinous substance which supports and heals them.

A neat box of twelve capsules, suitable for carrying in the vest pocket, will be mailed to any address, postage paid, on receipt of one dollar in currency, stamps or postal notes. Six boxes, five dollars, for sale by the Hall Capsule Company, Manufacturing Chemists, Cincinnati, O., U. S. A. Box 476.



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### Notes on New Remedies.

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DIABETIN, *i. e.*, Schering's crystallized Levulose, has recently been highly recommended as an innocuous and palatable sugar—particularly as a nourishing substance—for diabetics by such eminent German University Professors and Specialists for diabetes, as Leyden, Ebstein, Kuelz, Minkowski, etc.

FORMALIN,—Schering's, a germicide and disinfectant, possessing the same germicidal power as corrosive sublimate without its toxicity. This unique antiseptic, being also applicable in gaseous or vaporous form, will thoroughly disinfect rooms, houses, etc., in which contagious diseases prevailed, without affecting wall paper, furniture, etc.

CHLORAL-CAFFEINE, Schering's, which has been successfully employed by Prof. Dr. Ewald in Berlin, in the treatment of constipation rheumatism, etc.

TRIBROMPHENOL-BISMUTH Von Heyden's an intestinal non-poisonous antiseptic, possessing powerful bactericidal properties.

Dr. Ferdinand Hueppe, Professor of Hygiene at the German University of Prague, who remained in one of the Hamburg Hospitals during September last, found, as can be seen from his treatise in the "Berliner Klinische Wochenschrift" 1893 No. 4 to 7, that TRIBROMPHENOL-BISMUTH gave the best results in the treatment of Cholera, of all the remedies that had been employed.

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### Bureau of Information.

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The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled,



please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

MONTEREY—No Eclectic located in the place. Chance for a good office over a bank. Dr. A. E. Colerick, of Pacific Grove, going East. will recommend his patients to an industrious, sober Eclectic physician.

MAPLETON, KANSAS—Dr. Thomas Feemster; wishes to sell or exchange with parties living in California, good location. Terms upon application to the party.

SATICOY—Dr. J. W. Rue. Practice worth \$4,000 a year. Will sell the same and 5 room Queen Ann house, 2 large lots, barn, out-houses, etc., for \$4,000. House alone worth \$5,000. Grounds beautifully decorated, exquisite view of ocean and valley. Reasons for selling: Retiring from practice and going East. Excellent chance for an honorable and energetic man. Chance good for sixty days. Address Dr. J. W. Rue. Saticoy; or C. E. Day & Co 121 S. Broadway. Los Angeles, Cal.

WALNUT CREEK—No Eclectic in the place. Population of town 400. Large surrounding country. One physician in the place; intemperate. Dr. J. W. Huckins of Danville, will do all he can too assist the new-comer.

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

OAKDALE—Dr. L. Lee wishes a partner. He has been in place sixteen months. First twelve months made over \$3,000. For particulars apply to secretary.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

DOWNIEVILLE—A practice amounting from \$2,400 to \$3,000 for sale, for \$200 cash. For full particulars' address C. Z. Ellis, M. D., Downieville, California.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

Also two good locations in the country for active workers

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.

921 Larkin St.

San Francisco.



## EDITORIAL.

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### Our Journal.

As the year is drawing to a close, we would like to have our subscribers bear in mind that this is just the right time to balance accounts. If we can start the new year with a long list of paid up subscribers, the JOURNAL can and will be made much better than ever before.

Not only do we want your aid financially, but we want at all times and in all things your hearty good will and co-operation. Speak a good word for us to your brother practitioners whether they be of our school or not. New subscribers for ninety-four will receive the November and December numbers of this year free.

We want to be on good terms, and working harmoniously with all our JOURNAL family. Our interests are mutual, and we must work enthusiastically for each other. If each of our subscribers will send us occasionally an article for publication, it will result in making our next volume a valuable cyclopedia of reference for us all. The present number contains articles from several new contributors, papers of interest and merit. Keep it up, friends. It is better that we should have a hundred articles from as many different physicians, than a hundred from one man. M.

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 Please mention this JOURNAL when writing to our Advertisers.



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### **Eclectic Hospital.**

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We learn by the E. M. Journal for October, that an Eclectic Hospital has been started in Cincinnati. It is a pity that a similar institution could not be opened in San Francisco. A well managed hospital under Eclectic supervision would do much toward popularizing our practice.

We would surely do good work, and such an institution would soon become known all over the coast. It would give us a local habitation and a name. People would fix us in their minds, and they would soon come to know and respect our doctrines.

A successful hospital with "Eclectic" written over every entrance and flying from the flagpole, would be a focus toward which public gaze would be constantly directed, and from which messages of healing could be sent that would penetrate to the farthest hamlet.

The hospital scheme would be a good subject to be considered at the coming meeting of our state society. M.

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### **Delayed.**

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The paper on the Medical treatment of Piles, by Professor John Fearn, that was promised for this month, has been delayed by the illness of the Professor. We are glad to announce that he is now better and that the article will appear in the December Journal. M.

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### **Early Struggles.**

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The attention of our graduates is directed to the early experience of Dr. Lee as given by himself in this number of



the Journal. We hope that students who go out from our college will not find so wide a difference between theory and practice as did the doctor. But at the best, there is nothing more trying to courage and tact than the physician's first case. By the way, if others of our older physicians would give us their early experiences it would make good reading.

M.

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### Program.

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It was expected that the program for the meetings of the State Society would be published in this issue, but it was not prepared in time, and so will be mailed to members later on.

Our College graduating exercises will be held in the Metropolitan Temple on the night of the 22nd, inst., and on the night of the 23, the Alumni supper will be given in the College hall. All members from abroad should come prepared to stay until Friday, the 24th. The supper will not be over before that date.

M.

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### San Francisco Climate.

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Already the blizzards are beginning to sweep the Northern States, and will soon wrap the whole of the East in their icy embrace; and while our neighbors over the way are shivering around their crackling fires, we of San Francisco will be enjoying the most glorious weather. Our yards are full of beautiful flowers and our streets and stores are filled with the most delicious fruits.

We are sure that many of our Eastern friends who visit



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our city during our great Fair, the coming winter, will be so forcibly impressed by the contrast between the climates of this part of the moral heritage, and their own wintry homes, that they will be loth to leave us; and many of them will seek for homes and business openings among us; and we feel that this is California's golden opportunity.

If all branches of business do not receive a grand impetus, it will be because those who have it in their power to make it so, fail to utilize this power. v.

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### The Treatment of Diseases in California.

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The beauty and truthfulness of Specific Medication has been wonderfully demonstrated to us since we have been practicing in California—now eight years. When we first came to this state, we were told that “pnuemonia” was almost surely *fatal*. We were at this time in an interior town; and were soon convinced that what our *confreres* told us, was true: At least so far as *their* treatment of the disease was concerned. Not only was the death rate of a very high percentage, but the course of the disease was exceedingly rapid and short. Scarcely ever extending beyond a week, and many cases were dead by the fifth day. Patients who survived for a week or longer, were likely to recover. After thinking the matter over, we could see no reason why the death rate, in this disease, should be more than double of that which had occurred in our practice in the East; and concluded that there must be something radically wrong in the treatment. We began treating our cases with the same care for *specific* indications, that we had always done in the



East: And during an active practice of five years, with an average proportion of pneumonia cases we lost but one case, from this disease, which we treated from the beginning; and this case had been discharged, but relapsed from imprudence. But we did lose two cases where we were called after a few days of *heroic* treatment. But notwithstanding that we are thoroughly convinced that the high rate of mortality was due to the treatment they received; yet there were some peculiar features that we have never satisfactorily settled in our own mind. (1.) Why was the mortality so much greater than in the East, under the same class of treatment? (2.) Why should death occur in such a short time? Some of the cases would, apparently, be doing pretty well, when they would suddenly grow worse and die. Others would be stricken down and hourly grow worse till death ensued, in from three to five days: A much shorter time than is usual for such termination, in other places where we have practiced.

Bowel troubles are not so prevalent in California, not even in the hot valleys, as in the Eastern States, but when they do occur, in epidemic form, they are much more fatal than we ever saw in any other place.

There is also a low type of fever, some-what prevalent in the valleys, that is very stubborn in yielding to treatment. Other diseases are about the same in California as elsewhere. We have been told, time after time, that the same disease in this state, would require different treatment to what it would in other states. But while we have observed the peculiarities above noted, we find that "specific medication" will play the same important *role* in the successful treatment of disease in California, that it always has, and always will play in the treatment of disease, anywhere.



We have received a "Thesis," of twenty-eight pages, in pamphlet form, from Alfred A. Sander. Dr. Sander graduated in the California Medical College in 1891. He then went to Berlin and entered the Frederick William University, his diploma from our school being recognized and he entering the University, as a graduate. It seems a little strange to us that diplomas from Eclectic colleges are recognized in Berlin, the "Mecca" of the medical world, and yet they are not honored at little institutions like the Cooper or Toland colleges in this country.

On the title page we find the following, literally translated:

A Special Thesis on Surgery of the gall bladder, Inaugural-Dissertation which for to obtain the M. D. degree in Medicine and Surgery with the consent of the Fredrich Wilhelm University, August 11, 1893, including the annexed thesis will be defended before the public by the author, Alfred A. Sander, San Francisco, Cal. Opponents, D. Med. Amil Leninsola, Max Gottbeg, Leopold Daniellivi.

And on the last page we find this biographical sketch:

The writer, Alfred S. A. Sander was born March 21, 1861, at Magdбург, and spent his young days in town. Both in Magdбург and San Francisco He studied first of all, Chemistry in the Oakland High School, then he entered the California Medical College where he graduated a Physician and Surgeon, Nov. 24, 1891.

To perfect himself still further in the art of healing he first visited Chicago and then Berlin where he matriculated in the Friedrich Wilhelm University, April 20, 1892; he visited the following clinics of Olshauser, Frankel, Winter, Kronig, Nitz, Mittenmeyer, Heymann, Krugenberg, Von Norden, and the last six months was assistant in Levy's private Surgical clinic.



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Dr. W. K. Vance, of Sonoma, has recently moved to San Rafael, to fill a vacancy caused by the death of Dr. White of that place. Dr. Vance is one of our bright Eclectics and we are sure he will satisfactorily fill the place of his predecessor.

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Dr. J. B. Baker, a Missouri boy but lately from Kansas, has located at Soquel, Santa Cruz Co. The Doctor is tired of Kansas blizzards and has located in this State for a change; and we are willing to bet the hat that we won on the last election, against a coon-skin that he will never want to practice medicine in Kansas again. v.

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
Drs. T. D. and Flora W. Smith, husband and wife, have located in Yreka, where they have taken the place of Dr. Gregory. We welcome those new friends to our State, and hope many more will follow them here.

We cordially invite Drs. Smith, and all other acquisitions to our ranks, to attend our State meeting and our Commencement exercises and get acquainted with their co-workers, and see what California Eclectics are like. v.

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We have a very encouraging word from Dr. W. M. Mason, of Lodi. He is one of the boys from whom we are always glad to hear, and of whom we can always speak with a feeling of pride, that he is one of ours. v.

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## BOOK NOTES.

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SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT. Edited by CHARLES H. BURNETT, A. M., M. G., Emeritus Professor of Otology in the Philadelphia Polyclinic and Clinical Professor of Otology in the Woman's Medical College of Pennsylvania; Aural Surgeon to the Presbyterian Hospital, etc., Philadelphia, Pa.

This is the second volume of this series. As remarked before in review of the first volume this work is arranged differently from that of any other of the kind in being written by different authors. Presumably this is a great advantage inasmuch as each specialist of experience has gained proficiency in some particular department.

It is known that any author's work is largely a compilation, the original part of this book being only a fractional part of it. By this method this defect of a treatise is obviated and the choicest of the productions of the civilized world secured.

It may be secured of the J. B. Lippincott Company, Philadelphia, Pa. c.

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HERNIA; its Palliative and Radical Treatment in Adults, Children and Infants. By THOMAS H. MANLEY, A. M. M. D. Visiting Surgeon to Harlem Hospital, Consulting Surgeon to Fordham Hospital, Member of New York Academy of Medicine, American Medical Association, New York State and County Medical Association, International Medical Congress, Path. Society, National Association of Railway Surgeons, etc.

We have not before seen a book that gives the same amount of information, nor one that gives it in the same thorough and detailed manner. This book shows that it was written by a master hand. It should be in the hands of every one who essays to treat hernial diseases. It treats of every variety from infancy to adult age; and teaches thoroughly the different principles in the treatment of the various types from those that are congenital, to those resulting from ab-



dominal operations. To express it tersely, it is a complete book and well worth the consideration of every operator.

The book is bound in cloth; contains 230 pages, and is published by the Medical Press Co., Limited, 1725 Arch Street, Philadelphia.

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A CHAPTER ON CHOLERA for Lay Readers by WALTER VOUGHT, Ph. B., M. D.

This little book is one of the best of its kind, now extant. It contains 110 pages; is illustrated with Colored Plates and Wood-Engravings. It is a neat work, bound in Cloth. Price, 75cts, net.

It treats of the History, Symptoms, Prevention and Treatment of the Disease: And ought to be read by every reading man and woman, as well as by physicians. Send for a copy to The F. A. Davis Co., Publishers, 1914 Cherry St., Philadelphia.

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We are in receipt of the following "Reprints" by J. B. Mattison, M. D: The Etiology of Narcotic Inebriety: The Curability of Narcotic Inebriety: The Mattison Method in Morphinism: Cocaine Inebriety: Twenty-seven Years Addiction to Opium. Recovery. Relapse. And Trional, the new Hypnotic: its use in Narcotic Habitués.

These subjects are each treated in a scientific manner and are well worth the careful consideration of every practitioner of medicine. Dr. Mattison is Medical Director for the Brooklyn Home for Habitués; and his experience, makes him authority on these very interesting and important subjects.



# ASEPSIN SOAP



## MEDICINAL USES OF ASEPSIN SOAP.

**FOR THE SKIN.**—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

**CUTANEOUS DISEASES.**—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhins poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

**IN GYNÆCOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my sufferer was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

**ASEPSIN SOAP IS NOW READY FOR THE MARKET.**

**PRICE, \$1.40 PER DOZEN.**

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,  
CINCINNATI, OHIO.**





### The Judge

of the efficacy of any remedy is the physician himself. Should he not therefore, have the privilege of prescribing what he thinks will most benefit the patient? When he so prescribes, is it not to his interest, as well as that of his patient, to see that the remedy he prescribes is actually dispensed? Insist, Doctor, when you prescribe Lactopeptine that a worthless substitute is not imposed upon your unsuspecting patient.

**Lactopeptine** is specific in its effects and cannot be successfully imitated. A word to the wise is sufficient.

The N. Y. Pharmacal Association,

Send 50 cents for one year's subscription  
to "THE DOCTOR'S FACTOTUM."

*Yonkers, N. Y.*